



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/18/97

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD986952430
FACILITY NAME ->	AMOCO
MAILING ADDRESS ->	895 BEDFORD AVE BROOKLYN, NY 11205
INSTALLATION ADDRESS ->	895 BEDFORD AVE BROOKLYN, NY 11205

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
200 BROADWAY
NEW YORK, NEW YORK 10007-1806

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: WOLF, CARY
OWNER
AMOCO
895 BEDFORD AVE
BROOKLYN, NY 11205

Chame (owner)

★ ★ To avoid delays in processing, please complete all sections.
★ ★ Only original signature of the Generator is acceptable.

Please print or type with ELITE

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number (Mark X in the appropriate box)		C. Installation's EPA ID Number	
<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (Complete Item C)	NY 101986 95124310	
II. Name of Installation (Include company and specific site name)			
AMICO			
III. Location of Installation (Requires Building Number or Latitude and Longitude for processing.)			
Street			
X 95 BEDFORD AVENUE			
Street (Continued)			
City or Town			
BROOKLYN			
State			
NY			
Zip Code			
11205			
COUNTY			
KINGS			
IV. Installation Mailing Address			
Street or P.O. Box			
SAME			
City or Town			
State			
Zip Code			
V. Installation Contact (Person to be contacted regarding waste activities at site)			
Name (Last)		First	
CARY WOLF		K	
Job Title		Phone Number (Area Code and Number)	
PER SITE		516 997 9300	
VI. Installation Contact Address			
A. Contact Address Location Mailing Other		B. Street or P.O. Box	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		895 BEDFORD AVENUE	
City or Town		State	
BROOKLYN		NY	
Zip Code		11205	
VII. Ownership			
PROPERTY			
A. Name of Installation's Legal Owner			
30322 CROPSLEY AVENUE			
Street, P.O. Box, or Route Number			
55 JERICHO TURNPIKE			
City or Town			
State			
Zip Code			
JERICHO			
NY			
11753			
Phone Number (Area Code and Number)		B. Land Type	
516 992-9300		P	
C. Owner Type		D. Change of Owner Indicator	
P		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Month		Day	
Year			

Waste was on the property, moved to the only business at that address 11/15/10

Please print or type with ELITC type (12 characters per inch) in the unshaded areas only.

Form Approved OMB No. 2050-0078 Expires 3-31-98
GSA GEN. REG. NO. 27

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- a. Greater than 1000 kg/mo (2,200 lbs.)
 b. 100 to 1000 kg/mo (200-2,200 lbs.)
 c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- a. For own waste only
 b. For commercial purposes

Mode of Transportation

1. Air
 2. Rail
 3. Highway
 4. Water
 5. Other - specify

3. Transfer, Storage, Disposal (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- a. Generator Marketing to Burner
 b. Other Marketers
 c. Boiler and/or Industrial Furnace

1. Smaller Deferral
 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)

1. Utility Boiler
 2. Industrial Boiler
 3. Industrial Furnace
 4. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- a. Marketer Direct Shipment of Used Oil to Off-Specification Burner
 b. Marketer Who First Cleans the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- a. Utility Boiler
 b. Industrial Boiler
 c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- a. Transporter
 b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- a. Process
 b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic



List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Name and Official Title (Type or print)

Date

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/26/93

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986952430

FACILITY NAME -> LAND V SERVICE CENTER

MAILING ADDRESS -> 895 BEDFORD AVE
BROOKLYN, NY 11205

INSTALLATION ADDRESS -> 895 BEDFORD AVE
BROOKLYN, NY 11205

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: VERA, LUIS
OWNER
LAND V SERVICE CENTER
895 BEDFORD AVE
BROOKLYN, NY 11205

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)050493 (B)
Charge Operator

I. Installation's EPA ID Number (Mark "X" in the appropriate box)

☒ A. First Notification
 ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

N Y D 9 8 6 9 5 2 4 3 0

II. Name of Installation (Include company and specific site name)

LAND USE SERVICE CENTER

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

895 BEDFORD AVENUE

Street (continued)

City or Town

BRONX

State

ZIP Code

NY

11205-

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

895 BEDFORD AVENUE

City or Town

BRONX

State

ZIP Code

NY

11205-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

LUIS

(first)

VERA

Job Title

OWNER

Phone Number (area code and number)

718-284-7907

VI. Installation Contact Address (See instructions)

A. Contact Address Location

B. Street or P.O. Box

895 BEDFORD AVE

City or Town

BRONX

State

ZIP Code

NY

11205-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

LUIS VERA

Street, P.O. Box, or Route Number

865 ROGERS AVENUE

City or Town

BRONX

State

ZIP Code

NY

11226-

Phone Number (area code and number)

718-284-7907

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month

Day

Year

Yes

No

218-76-499034

ID - For Official Use Only.							

VIII. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity
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B. Used Oil Fuel Activities

- IX. Description of Regulated Wastes (Use additional sheets if necessary)

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

8. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
0078	0039				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature 	Name and Official Title (type or print) C6SAR/SEA William J. Bennett	Date Signed 4-28-93
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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*****
*                               RCRIS: Notification View Screen 2 of 5                               *
*****
*EPA Id: NYD986952430      Other Id:                               Merge Send: Y
*Date Received(MMDDYY): 050691      Source( N/E/S ): N Non-Notifier Flag:
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:
*Name of Installation: WILLOUGHBY AMOCO
*                               Installation Location Address
*Streets: 895 BEDFORD AVE
*City:      BROOKLYN                               State: NY      Zip:      11205
*County Code: 047      County Name: KINGS
*                               Installation Mailing Address
*Streets: 895 BEDFORD AVE
*City:      BROOKLYN                               State: NY      Zip:      11205
*                               Contact Information
*   Last Name      First Name      le      Phone      Address(N,L,O)*
* MIRANDA      LUIS      MGR      7186254106      L
*Streets: 895 BEDFORD AVE
*City:      BROOKLYN                               State: NY      Zip:      11205
*Land Type:
*****
* Enter-Continue      F1-Previous Screen      F3-Exit
*****

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*****
*                               RCRIS: Notification View Screen 3 of 5                               *
*****
* EPA Id:      NYD986952430      Other Id:                               Source: N
*
* Owner Sequence Number:      1
* Ownership: VICTOR MIRANDA                               Type of Owner: F
*
*                               Address of Owner/Operator
*   Street: 105 PALMETHUEN ST
*   City:      BROOKLYN                               State: NY      Zip Code      11221
*   Phone:      2125551212
*
* Current/Previous Indicator: CO      Change(MMDDYY):
*
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner
* F6-Prev. Owner      F8-Help      F9-First      F10-Next
*****

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DATE: 5/7/93

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name: Land V Service Center

- 1) ☐ Name of Installation is incomplete.
- 2) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.

☐ Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked.
Please indicate purpose of transporter activity in Box a or b of Activity 2. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.

☐ Activity No. 3, Treater, Storer, Disposer, has been indicated.
Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.
If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.

- 10) There is an existing EPA Identification Number for the stated installation at the location address you have specified.
- To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.

- 11) You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.

- 12) Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

- 13) ☒ . Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____.

Hilloughby Amoco

- The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

- The above named facility is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

- The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

- ____ The above named facility is the previous operator at this location.

- Other. Please explain. Willoughby Amoco does not
exist anymore, I took over this
station on 4-12-93, the new
name is L & V Service Center buy facility
I.D.# 7002513

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

June 7, 1993

Luis Vera
Land V Service Center
895 Bedford Ave
Brooklyn, NY 11205

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

USEPA - REGION II
AIR AND WASTE MANAGEMENT DIVISION
HAZARDOUS AND SOLID WASTE PROGRAMS BRANCH
26 FEDERAL PLAZA, ROOM 1006
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-3384

Please note that we cannot process your request until the corrected and/or additional information is provided to us. If you have any specific questions regarding your submission, please call (212) 264-2014. Thank you for your cooperation.

Sincerely yours,

Norman Rost, Program Management Coordinator
Air and Waste Management Division

Enclosures

EPA Form 1320-1, October 28, 1992		CONCURRENCES							
SYMBOL=>	2AWN-PMC								
SURNAME=>	NORMAN ROST								
DATE=>	6/7/93								
EPA FORM 1320-1 (12-75)		OFFICIAL FILE							

DATE: 5/7/92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

**CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED**

Facility Name: W. J. V. Inc.

- 1) ☐ Name of Installation is incomplete.
- 2) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.

☐ Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked.
Please indicate purpose of transporter activity in Box a or b of Activity 2. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.

☐ Activity No. 3, Treater, Storer, Disposer, has been indicated.
Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.
If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.

- 10) _____ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.

- 11) You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.

- 12) _____ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

- 13) ✓ . Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to

W.C. 2/4 11 11

- The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

- The above named facility is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

- The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

- ____ The above named facility is the previous operator at this location.

- Other. Please explain. _____

[illegible]



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

06/10/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD986952430
FACILITY NAME ->	WILLOUGHBY AMOCO
MAILING ADDRESS ->	895 BEDFORD AVE BROOKLYN, NY 11205
INSTALLATION ADDRESS ->	895 BEDFORD AVE BROOKLYN, NY 11205

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MIRANDA LUIS MGR
WILLOUGHBY AMOCO
895 BEDFORD AVE
BROOKLYN, NY 11205

Date Received
(For Official Use Only)

91-05-06

91 MAY -6 PM 1:24



NY 0986952430

WILLOUGHBY AMOCO

895 BEDFORD AVE

BROOKLYN NY 11205-

895 BEDFORD AVE

BROOKLYN NY 11205-

MIRANDA LOUIS

MANAGER 718-625-4108



MIRANDA VICTOR

105 PALMETTO ST

BROOKLYN NY 11221-



A. **Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 49 CFR Parts 261.20 - 261.24)

[illegible]

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

Figure 1 displays a sequence of images illustrating the degradation and subsequent denoising of a handwritten digit '4'. The top row shows the original image and the first five stages of degradation, where the digit becomes increasingly noisy and blurred. The bottom row shows the corresponding images after denoising, where the digit is restored to its original clarity.

C. Other Wastes. (State or other wastes requiring an ID number. See instructions.)

[illegible]

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature _____

Name and Official Title (type or print)

Date Signed _____

VICTOR MIRANDA

4/20/91

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section II) of the booklet for addresses.)